

**WORKER'S COMPENSATION
Supplemental Application
Underwriting Information**

Name Insured (list all names) _____

National Van Line Affiliation(s)? _____

	Yes	No
Does applicant operate or own any business other than a moving and storage operation? If yes, please explain.	_____	_____
Does applicant lease employees from an employee leasing firm? If yes, attach a copy of the leasing agreement.	_____	_____
Does applicant check references of all full and part time employees prior to their date of hire?	_____	_____
Does applicant check acceptability of MVR's prior to hiring employees who drive company vehicles or drive their own vehicles on company business?	_____	_____
Does applicant participate in a DMV pull program (If available)?	_____	_____
Does applicant require pre-employment drug testing of all drivers, packers, and handlers?	_____	_____
Does applicant conduct random drug testing of all drivers, packers, and handlers?	_____	_____
Does applicant conduct a team safety incentive program?	_____	_____
Does applicant have a safety program?	_____	_____
Does applicant have state approved certificate for Safety Program Credit?	_____	_____
Any losses over \$50,000? If yes, provide details and describe corrective action taken.	_____	_____
Remarks		

Yes **No**

Does applicant utilize owner operators? _____

If yes, do contractors procure their own workers' compensation coverage and does insured have current certificates of insurance? _____

If no, are contractors to be covered under master WC policy of applicant? _____

Please provide annual gross 1099 revenue of all contractors to be insured under the master policy \$ _____

Please multiple by .25 for CA risks and .33 for all other states and include in payroll estimates on application and note accordingly.

If Mover's Choice is to provide WC coverage for contractors please provide list of contractors, their 1099 revenue and appropriate named insured and DBA Listing for policy issuance.

Material Changes in the past five years? Date Occurred _____
If yes provide details. _____

Any expected or Potential changes in the upcoming Policy year?
If yes provide details. _____

Group medical offered to eligible employees? Percent of employee participation _____% _____

Retirement programs or Life insurance for drivers? _____

Modified/Light Duty Return to Work Program? _____

Are all drivers (including intra-state) DOT qualified? _____

Respond to the question below based on the exposure of the applicant's employees or owner operators who do not have WC insurance working under their authority.

Radius of Operations	0-50 Miles	51-100 Miles	101-250 Miles	Over 250 Miles
	%	%	%	%

Remarks:

